

Chapter 2

The Role of Public Health in Childhood Lead Poisoning

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Introduction

Childhood lead poisoning is an environmental disease, whose treatment and prevention requires the collaboration of the affected family with private and public health professionals. Public health is central in addressing all components of this childhood disease, including prevention of exposure, treatment, and surveillance. This chapter describes the functions of the state and local health public health agencies in Wisconsin, as well as federal agencies closely aligned with public health interests. It is the role of public health agencies to mobilize resources at the local, county, and national level to increase community resources to prevent childhood lead poisoning.

Wisconsin Public Health Improvement Plan

The development of Wisconsin's Public Health Improvement Plan is taking place as part of the statewide Turning Point Initiative. The goals of the public health improvement plan for 2010 are:

- ✓ Protecting the health of all
- ✓ Reducing disparities
- ✓ Transforming the Public Health System

The Public Health Plan includes 5 system priorities and 11 health priorities (the full document can be viewed at <http://dhfsweb/DPH/StateHealthPlan/index.htm>).

System (Infrastructure) Priorities

1. Integrated, electronic data and information systems
2. Community health improvement processes and plans
3. Coordination of state and local public health system partnerships
4. Sufficient and competent workforce
5. Equitable, adequate and stable financing

Health Priorities:

1. Access to primary and preventive health services
2. Adequate and appropriate nutrition
3. Alcohol and other substance use and addiction
4. Environmental and occupational health hazards
5. Existing, emerging, and re-emerging communicable diseases
6. High risk sexual behavior
7. Intentional and Unintentional injuries and violence
8. Mental health and mental disorders
9. Overweight, obesity, and lack of physical activity
10. Social and economic factors that influence health
11. Tobacco use and exposure

Wisconsin Public Health Agencies

Wisconsin State and Local Public Health Agency activities in childhood lead poisoning are best described within the framework of the core public health functions of assessment, policy development and advocacy (assurance). These functions are defined in Wisconsin Statute 250 (www.legis.state.wi.us/rsb/stats.html).

The core public health functions as defined by statute, and specific public health practices and activities that clarify the role of the state and local public health agencies in childhood lead poisoning prevention and treatment can be seen at the end of this chapter in a table entitled "Public Health Assessment, Policy Development, Advocacy for Childhood Lead Poisoning Prevention. The extent to which public health agencies can fulfill these core functions may vary based on resource availability.

Consolidated Contracts for Childhood Lead Poisoning Prevention Activities

In Wisconsin, the primary responsibility for addressing public health needs lies with local public health departments. The DHFS contracts with LHDs via an annual performance based consolidated contract. The concept was put forth as a means to put the procurement practice for key public health services at the local level in line with this statutory directive. The objectives of performance-based contracting are:

- ✓ Data driven allocation of funds based on population and epidemiological factors
- ✓ Focus programs on local needs and local objectives that are locally defined
- ✓ Provide local health department with fiscal responsibility, along with a wide variety of options for involvement and management of all public health programs in its jurisdiction
- ✓ Move to pay-for-performance funding structure with outcomes that are clearly defined, measurable, and of value to the local community
- ✓ Increase financial efficiency at the state and local level

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this consolidated contract (Figure 2.1)

Advisory Committees (for example, the WCLPPP Advisory Committee have developed program-specific criteria for each of the nine categories. The quality criteria are considered essential for delivery of effective services in a program area (for example, childhood lead poisoning prevention). It is the Department's expectation that all LHDs contracting for funds from the State will be able to document achievement of these criteria during contract review periods.

Figure 2.1

**Program Quality Criteria for the Department of Health & Family Services
Consolidated Contract**

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this consolidated contract. Those criteria include:

1. **Assessment and surveillance** of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities at both the individual and community levels.
2. **Delivery of public health services** to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.
3. **Record keeping** that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.
4. **Information, education, and outreach** programs intended to address known health risks in certain target and general populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.
5. **Coordination** with related programs to ensure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.
6. **A referral network** sufficient to assure the accessibility and timely provision of services to address identified client health care needs.
7. **Provision of guidance to staff** through program and policy manuals and other means sufficient to ensure quality health care and cost-effective program administration.
8. **Financial management practices** sufficient to ensure accurate eligibility determination, pursuit of third-party insurance and Medicaid coverage for services provided, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting and appropriate use of state and federal funds.
9. **Data collection, analysis, and reporting** to ensure program outcome goals are met or to identify program management problems that need to be addressed.

Local public health departments should indicate the manner in which it will ensure program specific criteria are met.

In addition, each LHD will negotiate with the DHFS for specific program objectives determined by the LHD to be relevant to their community, and achievable for the amount of funding they received. The objectives set by the health department are to include outcome measures; the LHD is at risk of financial penalty if program objectives are not met.

Federal Health Objectives

(Healthy People 2010: National Health Promotion and Disease Prevention Objectives, DHHS/PHS, September 1999)

■ **Environmental Health - Services and Protection**

8.22 Increase the proportion of persons living in pre-1950 housing that have tested for the presence of lead-based paint.

■ **Environmental Health - Health Status**

8.11 Eliminate elevated blood lead levels in children.

■ **Occupational Health - Risk Reduction**

20.7 Reduce the number of persons who have elevated blood lead concentrations from work exposures.

Federal Agency Stakeholders in Childhood Lead Poisoning Prevention

Centers for Disease Control and Prevention (CDC)

The annual application for CDC funds for childhood lead poisoning prevention efforts in Wisconsin must have plans of operation and evaluation in the following areas:

- ✓ Statewide screening plan
- ✓ Statewide surveillance system
- ✓ Bringing about screening and follow-up care
- ✓ Public and professional health education and health communication
- ✓ Primary prevention
- ✓ Evaluation of program impact

The WCLPPP reports quarterly to CDC on progress made towards objectives, and provides a program summary and evaluation with each grant application. CDC funds are used primarily for state program infrastructure, and to support programs in the cities of Milwaukee and Racine.

US Department of Housing and Urban Development (HUD)

Grants from the U.S. Department of Housing and Urban Development (HUD) have funded Wisconsin's Lead Hazard Reduction (LHR) Program, a joint venture with the Wisconsin Division of Housing, Low-Income Weatherization Programs, and the Wisconsin Division of Public Health. The grants are usually administered through partnerships with local public health agencies and community-based organizations in identified high-risk communities.

To document appropriate use of funds, reports on strategies for public education, identification of high risk dwelling units and families, recruitment of property owners into the program, and achieving LHR activities are required. This reporting includes a tally of the number of dwelling units receiving program funds, oversight of the work done, and monitoring clearance dust wipe samples to assure that lead hazards are reduced.

Environmental Protection Agency (EPA)

The EPA primarily provides funding for lead poisoning prevention to the Bureau of Occupational Health for training and certification of lead workers to assure that work is done safely, and for the development of work practice standards that comply with federal and state law and regulations.

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Public Health Assessment, Policy Development, and Advocacy for Childhood Lead Poisoning Prevention

ASSESSMENT

| State Agency | Local Public Health Agency |
|--|---|
| <p>"Assess the health needs in the state based on statewide data collection." Wis Stats 250.03 (1)(c)</p> <p>Assessment of Childhood Lead Poisoning:</p> <ul style="list-style-type: none"> • Collect, consolidate, evaluate, and disseminate data/information pertaining to the incidence and prevalence of lead poisoning in populations at risk. • Maintain a central case registry of children with reported blood lead levels • Submit reports to appropriate federal, state, and local agencies/organizations and health care providers. • Analyze data to determine regional and statewide trends in lead poisoning prevention and control. • Provide technical assistance to local health departments (LHDs) for local forecasting, interpretation, planning, and evaluation. | <p>"A local board of health shall: assess public health needs and advocate for the provision of reasonable and necessary public health services." Wis. Stats. 251.04 (6)(a)</p> <p>A LHD shall: "regularly and systematically collect, assemble, analyze, and make available information on the health of the community, including statistics on health status, community health needs, and epidemiological and other studies of health problems." Wis. Stats. 251.05(3)(a)</p> <p>Assessment of CLP:</p> <ul style="list-style-type: none"> • Establish and maintain a local surveillance system that includes surveillance of incidence, prevalence, and trends of testing, blood lead levels (BLLs), and target populations to DPH and appropriate health care providers. • Maintain a tracking system of children at risk or diagnosed with lead poisoning that allows for timely follow-up of needed interventions. • Submit reports to the Department of Health and Family Services (DHFS) via the Wisconsin Childhood Lead Poisoning Prevention Program (WCLPPP). • Coordinate program efforts with local laboratories and health care providers. • Analyze data in conjunction with DHFS/DPH to determine local trends and effectiveness in lead poisoning prevention and control efforts. |

Public Health Assessment, Policy Development, and Advocacy for Childhood Lead Poisoning Prevention

POLICY DEVELOPMENT

STATE AGENCY

"Develop policy and provide leadership in public health throughout the state that fosters local involvement and commitment, that emphasizes public health needs and that advocates for equitable distribution of public health resources and complimentary private activities commensurate with public health needs." Wis. Stats. 250.03 (1)(g)

"Distribute state and federal public health funds under its control in a manner that will promote the development and maintenance of an integrated system of community health services." Wis. Stats. 250.03 (1)(h)

Policy Development of CLP:

- Advise and carry out state statutes, administrative rules, and federal policy as it pertains to lead poisoning prevention and control.
- Establish program standards and guidelines for community lead poisoning prevention programs that include screening, follow up, lead hazard identification and reduction.
- Collaborate with LHDs, community organizations, and health care providers in delineating respective roles and responsibilities for prevention and control.
- Facilitate the development of contemporary prevention and control policies and practices.
- Work collaboratively with agencies within the DPH and other state agencies to foster program linkages and increase understanding of state and federal policy.
- Inform LHDs of state resources to develop and sustain prevention services including, but not limited to, Medicaid, Medicaid Targeted Case Management, and grant funds.

LOCAL PUBLIC HEALTH AGENCY

"A local board of health shall: develop policy and provide leadership that fosters local involvement and commitment, that emphasizes public health needs and that advocates for equitable distribution of public health resources and complimentary private activities commensurate with public health needs." Wis. Stats. 251.04(6)(b)

"A LHD shall: develop public health policies and procedures for the community." Wis. Stats. 251.05 (3)(b)

Policy Development of CLP:

- Develop protocols and procedures for assuring and monitoring the screening of children under 6 years of age within their jurisdiction based on federal and state guidelines.
- Establish program protocols and procedures for clinical, educational, and environmental services that incorporate federal, state, and local laws, standards, and guidelines assure quality programming.
- Provide leadership to develop a coordinated local system to prevent childhood lead poisoning for the population served.
- Pursue and secure resources, including available grant funds, to develop and sustain local prevention services to target populations.
- Work with local officials to develop, revise, and implement local ordinances to prevent lead poisoning.
- Carry out state statutes and administrative rules if designated to do so by the Department, Wis. Stats. 254.015
- Work collaboratively with other organizations, health care providers, and individuals in the public, private, and voluntary sectors.

| Public Health Assessment, Policy Development, and Advocacy for Childhood Lead Poisoning Prevention | |
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| ADVOCACY (ASSURANCE) | |
| State Agency | Local Health Department Agency |
| <p>"Advocate for the provision of reasonable and necessary public health services." Wis. Stats. 250.03 (1)(j)</p> <p>Advocacy for CLP:</p> <ul style="list-style-type: none"> • Develop and carry out strategies that focus on high risk sub-population groups in the state. • Provide consultation and technical assistance to LHDs, community organizations, and health care providers. • Provide education, training, and related resources to LHDs as requested and as available. • Provide information and develop/disseminate education resources to public, private and volunteer, non-profit, or community organizations and individuals as appropriate and as requested. • Provide federal, national, and state materials and literature to LHDs for distribution within their communities. • Sponsor educational seminars for LHDs, community organizations, and health care providers. • Develop or provide multi-lingual and culturally appropriate educational materials as needed. • Coordinate program efforts with the Wisconsin State Laboratory of Hygiene and the State Occupational Health Laboratory to assure provision of analytical services. • Identify resources to sustain laboratory analysis, reporting, and prevention programming. • Evaluate effectiveness of state and local prevention and control programs. | <p>"A local board of health shall assure that measures are taken to provide an environment in which individuals can be healthy." Wis. Stats. 251.04(7)</p> <p>"A LHD shall: involve key policy makers and the general public in determining a set of high priority public health services and assure access to these services to every member of the community." Wis. Stats. 251.05 (3)(c)</p> <p>Advocacy for CLP:</p> <ul style="list-style-type: none"> • Provide family-centered public health nursing follow-up for families with lead poisoning • Provide environmental investigation and follow up for lead hazard reduction by a certified risk assessor • Provide education, training, and related resources to the community as appropriate. • Develop and carry out primary prevention strategies that focus on high-risk groups in the community. • Disseminate national, federal, and state information and resources to health care providers, organizations, and the general community, as appropriate. • Provide consultation and technical assistance to health care providers to incorporate recommended standards and guidelines into practice and organizational operations. • Provide leadership that fosters coordination of public health nursing, environmental health, and medical services for children with lead poisoning. • Collaborate with local health care providers in delineating roles and responsibilities regarding the health and medical management of children with lead poisoning. • Evaluate local program effectiveness and participate in state level program evaluation. • Seek consultation from the DPH as appropriate. |